VICTORIA GENERAL HOSPITAL

ANNUAL REPORT
April 1, 1978 - March 31, 1979

101-03390/

TO:

The Honourable John E. Shaffner
M.D., C.M., F.R.C.S.
Lieutenant Governor of Nova Scotia

May It Please Your Honour:

I beg to present herewith the Annual Report of the Victoria General Hospital for the period April 1, 1978 to March 31, 1979.

Your Obedient Servant,

G. Sheehy
Minister of Health

Halifax, Nova Scotia
March 1979

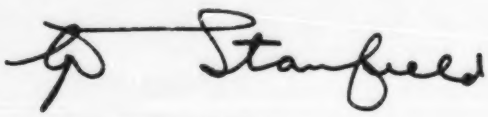
TO:

The Honourable Dr. G. Sheehy
Minister of Health
Province of Nova Scotia
Halifax, Nova Scotia

Dear Mr. Minister:

On behalf of the Board of Commissioners, it is my pleasure to submit to you the 112th Annual Report of the Victoria General Hospital covering the period April 1, 1978 to March 31, 1979.

Respectfully submitted,



G. D. Stanfield
Chairman
Board of Commissioners
Victoria General Hospital

REPORT OF THE EXECUTIVE DIRECTOR

TO:

Mr. G.D. Stanfield, Chairman
Board of Commissioners
Victoria General Hospital
Halifax, Nova Scotia

Dear Mr. Stanfield:

I have the honour of submitting the 112th Annual Report of the Victoria General Hospital for the period April 1, 1978 to March 31, 1979.

Another successful year in the operation of the Victoria General Hospital can be recorded, despite problems encountered due to budgetary restraints.

The demand for beds and outpatient services continued to increase, but it is very encouraging to note that planning is in process to rationalize the hospital bed situation in the Halifax metropolitan area. Plans are being developed at the Victoria General Hospital for an Ambulatory Care Building, which will replace present facilities used for outpatient services and will also house an updated Oncology Care Program.

The Surgical Intensive Care and the Medical Intensive Care Units were renovated, the Beckwith Lung Unit was completed and substantial renovations were made in the Emergency Department. A new Day Care Center for Dermatology patients was provided and the Gastrointestinal Laboratory was provided with new space. The Radionuclide Imaging Laboratory was set up in conjunction with Diagnostic Radiology by the Cardiology Service.

The Department of Preventive Medicine was disbanded and an Occupational Health Service, which includes Staff Health, was instituted following a study by the Provincial Director of the Division of Occupational Health.

The Infections Control Service was set up as a separate and expanded Infection Control Program.

Medical Staff

Doctor J.F.L. Woodbury replaced Doctor B.M. Chandler as President of the Active Medical Staff. Both of these doctors served as members of the Board of Commissioners during their terms of office.

Doctor J.R. Standen resigned as Head of the Department of Diagnostic Radiology and was succeeded by Doctor David B. Fraser who became Acting Head.

Doctor E.F. Rafuse replaced Doctor M.F. Ramsey as Acting Head, Department of Ophthalmology.

Nursing Service

The nursing establishment, under the direction of Mrs. Marlene Grantham, R.N., M.Sc. (A), maintained a high level of patient care, despite periods of shortages.

A Task Force headed by Miss Margaret MacLean, Director of the School of Nursing of Memorial University, reviewed the Nursing Department policies and procedures with a view to establishing an appropriate rationale for effective staffing. At year end this report was under study.

School of Nursing

Mrs. Jean Magee, R.N., B.Sc.N., reported a successful year for the School of Nursing. A total of 81 students were slated for graduation in the August 1979 exercises.

The Allied Health School had a very successful year and a total of 21 students in the following programs were due to graduate in August 1979:

Diagnostic Radiology	11
Nuclear Medicine	3
Cytotechnology	4
Radiotherapeutic Technology	1
Respiratory Technology	2

Dietary Department

This Department, under its Director, Miss Joan Stewart, B.Sc., P.Dt., maintained a high quality food service. Eleven Dietetic Internes com-

pleted their training at the Victoria General Hospital and are now fully qualified dietitians.

The Hospital Auxiliary continued its voluntary program, which adds so much to patient comfort and contributes in a monetary way to the Hospital.

The Chaplaincy Service, with the Reverend Paul Granville as Coordinator, contributed to the temporal and spiritual welfare of patients and staff.

All hospital support and service departments contributed wholeheartedly in the operations of the hospital and made a substantial contribution towards care of the patients.

The cooperation of the five divisions of the Government Employees Association and the Branch of the C.B.R.T. and G.W. is once again acknowledged.

The cooperation of the Minister of Health, the Deputy Minister and other members of the Department of Health, who were of so much assistance to us, is acknowledged.

A special word of appreciation to Mr. D.J. Power, Deputy Minister of Public Works, and Mr. S.J. Rudolph, Civil Service Commissioner, and their respective staffs for their cooperation and support. Many other departments have contributed to the successful operation of the Hospital and to them thanks is extended.

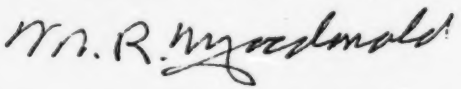
To the Board of Commissioners, and to you, Sir, I would like to express my appreciation for support and cooperation.

A special word of personal appreciation to Mr. Robert MacKay, who retired as Chairman of the Board of Commissioners on January 30, 1979.

As this will probably be the last Report I shall present, as Executive Director of the hospital, because of my impending retirement, I would like to acknowledge the great debt of gratitude I owe to so many people who were involved in the operation of the Victoria General Hospital in

various capacities over the past 28 years. Without their help and good will, the great progress made by the Victoria General Hospital would not have been possible.

All of which is respectfully submitted,



M.R. Macdonald, M.D.
Executive Director

STATISTICAL SUMMARY
April 1, 1978 - March 31, 1979

Bed Capacity	810
Total Admissions	18,673
Average Daily Occupancy	84.3%
Average Days Stay	13.6
Total Patient Days	253,082
Emergency Department - visits	52,326
Ambulance Calls	5,526
Out-Patient Department - visits	44,195
Blood Gases	35,653
Bronchoscopy Procedures	170
Cardiac Catheterization	
Major Catheterization Procedure	1,093
Other Studies i.e. pacemaker insertion, His Bundle electro-cardiography, pericardiocentesis, etc.	298
Echocardiograms	1,548
E.C.G. Lab.	
Exercise Stress Tests	859
Ambulatory Monitoring and Interpretation	380
Ambulatory Interpretation Only	200
Electrocardiograms	29,439
E.E.G. Lab. Procedures	2,019
E.M.G. Lab.	
Patient Visits	908
Needle Examinations	749
Nerve Conduction Studies	2,474

G.I. Function Lab.	
Function Tests	493
Biopsies and Washings	413
Endoscopies	1,221
Leukocyte Unit Procedures	107
Occupational Therapy Attendances	6,386
Physiotherapy Attendances	53,583
Pulmonary Function Studies	1,125
Respiratory Technology Unit	
Number of New Patients	5,282
Nebulizer Therapy	3,829
O_2 Therapy	3,089
Aerosol Therapy	1,101
Ventiiation Therapy	1,397
Carbon Dioxide Therapy	1,975
Cardiac Arrests	235
Renal Dialysis Unit	
Chronic Dialysis Procedures	2,782
Acute Dialysis Procedures	206
Home Dialysis Unit	
Number of patients started on home training	10
Number of dialysis procedures	309
Microbiology: Specimens Examined	236,028
Pathology:	
Clinical Chemistry - Tests	2,436,646
- S.C. Units	10,030,553
Hematology - Tests	799,999
- S.C. Units	6,816,249

Anatomical Pathology - Autopsies		552
- Surgical Cases		22,983
- Frozen Sections		890
- Consults		735
- Total Workload in S.C. Units		2,846,963
Cytopathology - Tests		74,893
S.C. Units		1,732,330
Diagnostic Radiology Examinations		159,236
Radiation Oncology Examinations		25,433
Pharmacy - Prescriptions Filled		102,115
Dietary Department - Meals Served		1,832,475
Audio-Visual - photos, slides and transparencies		3,818
Sterile Supply Service - trays, sterilizing services		1,738,917
Laundry Department - lbs. processed		4,473,925
Oral Surgery - Procedures done		18,958
Anaesthetics Administered		23,271
Number of Operations		23,657
Social Service - Units of Service		34,785
V.O.N - In-patient Referrals	1,179	
- Out-patients Clinic - follow-up	109	1,288

BOARD OF COMMISSIONERS

Mrs. Mary Cooley (Donald)
Mrs. Margaret Davison
Mr. W. Murray Gould
Prof. R. Graham Murray
Mr. Ted Rawding
Mr. Fred Robinson
Mr. Gordon H. Shupe
Mr. Gordon D. Stanfield
Mr. Earl Walsh
Mr. Daniel White
Dr. J.F.L. Woodbury
Mr. David Zive

ADMINISTRATIVE STAFF

M.R. Macdonald, M.D., C.M., D.P.H., F.R.C.P.(C), Executive Director
M. A. MacAulay, M.D., F.R.C.P.(C), Medical Director
William M. MacRae, M.D., C.M., Co-ordinator, Emergency (Deceased)
D. M. McNaughton, C.D., B.A., M.H.A., Administrative Director
J. C. Theriault, B.A., B.Comm., D.H.A., Administrative Assistant
C. F. Matheson, Director, Special Projects
H. J. Churchill, Director, Finance and Personnel
Mrs. M. Grantham, R.N., M.Sc.(A), Director of Nursing
Mrs. Ruth Dennison, R.N., B.N., Associate Director of Nursing
Mrs. J. Magee, R.N., B.Sc.N., Director, School of Nursing
R. E. Buckley, B.Sc., M.B.A., Personnel Officer
Miss J. A. Stewart, B.Sc., P.Dt., Director, Dietetics
Miss M. T. Gillis, R.N., B.Sc.N., Administrative Assistant (Medical)
Miss Grace Burke, R.N., Supervisor, Emergency Department
Mrs. G. I. Grant, R.N., B.Sc.N., Supervisor, Out-Patient Department
R. H. Arthur, B.E.E., Plant Engineer
W. C. Houlihan, Co-ordinator, Materiel Support Services
C. H. Northup, Fire, Security, and Communications Officer
Miss K. Kinley, Ph.C., Chief Pharmacist
Miss P. MacDonald, B.A., Dip. S.W., M.Sc. (Soc. Adm.), A.C.S.W., R.S.W., Director, Social Services
Mrs. D. Bruneau, R.N., B.N., Co-ordinator, Diagnostic Services
Mrs. C. McCarthy, B.Sc.N., R.N., Chief Operating Room Supervisor
Mrs. C. Parnell, C.C.H.R.A.(C), Head, Medical Records Department
Mr. J. Furness, Supervisor, Admitting and Discharge Department
Mr. F. Oram, B.Sc., M.L.S., Health Sciences Library and Audio Visual Services Coordinator
D. T. Janigan, M.D., Head, Department of Pathology
I. H. Cooper, M.B., Ch.B., F.R.C. (Path.), F.R.C.P.(C), Deputy Head, Department of Pathology

T. Hindmarsh, M.D., F.R.C.P.(C), M.R.C. (Path.), Acting Director, Clinical Chemistry
H.C. Read, M.D., C.M., F.A.C.P., F.R.C.P.(C), Director, Haematology
G. H. Anderson, M.B., B.S., Assoc. Director, Cytology
D. R. Rozee, M.Sc., Ph.D., Dip. Bact., Head, Microbiology
G. Digout, B.Sc., Dip. Bact., Div., Chief Technologist, Microbiology
R. S. Faulkner, M.Sc., Ph.D., Dip. Bact., Director, Public Health Bacteriology
R. S. Martin, B.Sc., Ph.D., Dip. Bact., Director, Public Health Bacteriology
J.S. Gibson, L.C.S.L.T., F.I.M.L.T., Div. Chief Technologist, Anatomical Pathology
T. Boutilier, A.R.T., Divisional Chief Technologist, Clinical Chemistry
P. Allsop, B.A., A.R.T., Div. Chief Technologist, Haematology
Rev. P. F. Granville, Co-ordinator, Chaplaincy Services

DEPARTMENT OF ANAESTHESIA

Another busy year passed quickly for the Department. It was busy on almost all aspects of its responsibilities:

(a) a heavy workload of clinical anesthesia with us being one staff person short for several months.

(b) a broad and widening involvement by staff in the administration of the Department, Hospital Medical Staff, Faculty of Medicine, provincial and national organizations.

(c) an ever increasing function in medical education from undergraduate through interne, resident and continuing medical educational levels.

(d) clinical and basic investigation, which still gets little attention because of the pressures of the other three, and other problems inherent to developing research in a clinical department.

But, it was a good year and we are gaining on our problems. The quality of our clinical services, the respect of our peers in this medical community and the reputation of our training program have all risen, and stand at an acceptable level. Our aim is to keep on improving that performance.

I. Clinical Practice

	1973	1974	1975	1976	1977	1978-79
Generals	15,616	16,755	17,307	18,447	18,423	18,403
Spinals	44	47	48	158	63	66
Nerve Blocks	66	53	181	250	347	493
Total	15,726	16,855	17,536	18,855	18,833	18,962
Change Over Previous Year		+ 1,129	+ 681	+ 1,319	-22	+ 129
Local Anesthetics	3,259	4,052	4,130	4,150	4,062	4,309
Grand Total	18,985	20,907	21,666	23,005	22,895	23,271

The volume of clinical service has been essentially at a plateau for the last three years, with the only increase being in diagnostic and therapeutic nerve blocks. This past year, an average of 13 staff worked each day in the O.R.'s and five were on other commitments. Hence the number of cases per anesthetist per year was 1,459. Addition of one more staff member, without change in workload (as of July 1, 1979), will bring the average caseload per staff to a more acceptable figure of 1,354 cases each per year.

During the year, we were sorry to lose Dr. Yusuf Patel to the University of Alberta. He was a capable and faithful worker, particularly in the Pain Clinic.

Dr. Peter Joules completed his residency, became a Fellow in July, 1978 and an Assistant Anesthetist in March, 1979.

Dr. Madhukanta Patel, likewise, completed her training and became a Fellow in March, 1979.

Two other anesthetists will join us in mid 1979.

During 1978, 43.4 per cent of the entire caseload were outpatients, a continuation of the proportion of previous years.

Dr. Douglas Blenkarn has been appointed Deputy Head of the Hospital Department, a delegation of responsibility to improve management efficiency.

The involvement of our Department in the Surgical Intensive Care Unit remains high through Dr. Christopher Allen and Dr. Charles Hope. One of the outstanding achievements of the last several years is the vastly superior clinical care and teaching now given in the S.I.C.U.

II. Education

The Department seems to be ever broadening its activities in teaching, under Dr. I.E. Purkis, Director of Education.

(1) Undergraduates. Dr. David Imrie taught basic life support to all first year medical students and to third year students during their week in Anaesthesia. The intent is to give them the basic C.P.R. course in first year and the advanced course in third year. In addition, we will soon have the fourth year students on Anaesthesia throughout the year, a few

at a time. Then, we can effectively teach them the basic skills and practices in acute medicine that they all should be learning. Sixteen students from first through fourth year took an elective with us this year.

(2) Internes. Eleven internes spent a month in Anaesthesia, while one Dental and one Family Medicine resident were with us for longer periods of training.

(3) Postgraduates. Eleven new residents were admitted to training last July, to bring our total number to 19. We are now attracting and accepting a high calibre of medical graduate, including Dalhousie graduates. Our exposure to medical students and internes is beginning to pay off, plus the presence of a good training program.

The first two core years of training are coordinated by Dr. W.D.R. Writer and the senior year is coordinated by Dr. G.D. Blenkarn. However, a large number of staff contribute to the whole teaching effort.

(4) Continuing Medical Education. In May, 1978 a two day Refresher Course was held for Maritime practitioners of Anaesthesia. About 50-60 attended the course, with several staff making presentations.

III. Clinical Investigation

The clinical studies of Dr. E.A. Moffitt on patients having open heart operations continued, with three papers presented on the findings in Ottawa (June), Paris (September) and Hollywood, Florida (March).

Other Activities

The staff of the Department have been involved in a large number of committee activities at hospital, medical and professional organizations levels.

In addition, most of them took part in anesthesia conventions and meetings at local, provincial, national and international levels.

The Department was responsible for a total of 19 publications during the year.

VICTORIA GENERAL HOSPITAL AUXILIARY

The Auxiliary had a satisfactory and successful year with a membership of over 100 dedicated women and men involved in volunteer work. Our affiliated groups and non-member volunteers bring this number to approximately 350 people. Over 5,000 hours were given to in-service programs and countless more in crafts, etc., at home. In-service programs include free coffee and tea to outpatient clinics, a library cart with magazines and pocketbooks to lend to patients, an active visiting committee, mobile gift cart, delivery of flowers, plants, etc., to patients from local florists, and taking care of basic fundamentals in the Ecumenical Chapel. Many members serve in the Gift Shop as cashier or back-up, replacing the stock.

At Christmas, Easter, and Valentine's Day, every patient receives an appropriate and colorful favor on their tray, and they are remembered at Christmas with a small gift. Each year, a gift is given to a graduating nurse.

Revenue is derived from our Spring Coffee Party, Kris Kringle's Korner Bazaar, sale of lottery tickets, Auxiliary cookbooks and candy. The main source of funds comes from the Coffee and Gift Shop, Beauty Salon and a Barber Shop, which operate with licensed personnel. These projects, under the competent supervision of the Executive Director, Mrs. W.H. Bennett, have enabled the Auxiliary to donate $55,000 to date towards the expense of an E.M.I. scanner.

The new slate of officers for the year 1978-1979 installed at the annual meeting in May, is as follows:

Honorary Life President	Mrs. W.H. Bennett
Past President	Mrs. Vivian Rodgers
President	Mrs. Margaret MacLennan
1st Vice President	Mrs. Jean Rice
2nd Vice President	Mrs. Nellie Aitken
Recording Secretary	Mrs. Helen Bennett
Corresponding Secretary	Mrs. W.B. Orr
Treasurer	Miss E. Johnson

We take this opportunity to thank the Administration and staff of the hospital for their co-operation and support throughout the past year and trust and hope this "team effort" for the benefit of the patient will continue in all our joint endeavours in the future.

DEPARTMENT OF BIO-MEDICAL ENGINEERING

Staff complement: 1 - Biomedical Engineer
1 - Secretary
1 - Chief Technologist
1 - Electronics Technologist

The Biomedical Engineering Department is responsible for the maintenance, safety and accuracy of the electro-medical equipment in the Hospital. The department performs safety checks on all new electro-medical equipment entering the Hospital before such equipment is placed into service. Checks are also made on the condition of the isolated power systems used in the operating theatres and intensive care areas. Repairs and calibrations are performed on systems when required. The duplex receptacles in patient care areas are routinely checked for ground integrity and general physical condition. Defective receptacles are placed as necessary.

The Biomedical Engineer is a Consultant to the Department of Health in the field of Biomedical Engineering. Advice was given on the safety requirements for power systems used in hospitals. The Biomedical Engineer also provided consultation regarding purchasing guidelines for new electro-medical equipment for various hospitals within the province.

In late 1975, the Department initiated an intensive routine maintenance program. This program continued in 1976, 1977 and 1978. Budget restraints, along with a substantial increase in the total number of instruments, forced a reduction in the inspection period of some instruments. In 1975, 900 instruments were included in the routine maintenance, while in 1978, 1,729 instruments were included in the program. In 1978 the number of repairs performed rose to 1,900, an increase of 60 per cent over the previous year. Although the number of repairs and calibrations increased, the time per repair has been substantially reduced due to higher efficiencies and more effective routines in carrying out repairs.

During 1978, the number of off duty emergency calls fell to 46 from 75 the previous year.

A machinist was taken on staff during the summer of 1978 for a period of six months. He was kept busy clearing up the large backlog of mechanical repairs and construction of small mechanical items that were requested by the various other departments in the hospital. His per-

formance during this period has indicated that there is a requirement and sufficient volume of mechanical work to justify a full-time position.

In 1978, renovations were carried out to the Surgical Intensive Care Unit. The older equipment has been replaced with new monitoring equipment, increasing the parameter capability of the unit along with a large improvement in the safety level and reliability of the instrumentation.

CHAPLAINCY SERVICES DEPARTMENT

Since the fall of 1973 the Chaplaincy Services has existed as an established Department in the Victoria General Hospital with responsibility to the Board of Commissioners through the Medical Director. Four of the eight full-time Chaplains serve theVictoria General Hospital almost exclusively while the other four have shared responsibilities in other local hospitals. All eight Chaplains are appointed and financed by their various denominations.

In addition to the full-time Chaplains, there are several associate Chaplains, persons officially designated by their denominations as hospital visitors.

This past year we have taken as our theme the primary aim of the Nursing Department of the Victoria General Hospital, i.e., Quality Patient Care. In our meetings with head nurses, we have discussed the nurses' recognition of the "wholeness of the individual, i.e., he is a physical, emotional, intellectual, spiritual human being." This naturally led to the role of the Chaplain in quality patient care. Especially in matters spiritual, it was agreed that Chaplains play a very important part and that there was need of greater cooperation between the two departments.

Such a conclusion fits in well with the direct quotation from the Survey of the Canadian Council on Hospital Accreditation team:

> "The Pastoral Care Services in the hospital is noted with approval and it is recommended that the service be reviewed to ensure a gradual harmonious understanding in keeping with the clinical and spiritual needs of the patient."

DOCTOR D.J. MACKENZIE LABORATORIES AND DIAGNOSTIC CENTRE

The Diagnostic Centre has been in operation for the first full year and it appears it was a successful year with the various departments reporting completion of the following number of cases:

General Radiology	7,437 cases
Chest X-rays	3,835 cases
Mammography	1,935 cases
Thermography	1,703 cases
Electrocardiograms	4,807 cases
Respiratory Clinic	382 cases
Total Number of cases	30,099 cases

This reflected an increase of 17,186 cases over the fiscal year ending March 31, 1977 (of which the Diagnostic Centre was in operation only nine months of that year).

New Services

The Holter Monitor service was transferred from main ECG Department Centennial Wing to the Diagnostic Centre on October 16, 1978. One technician accompanied the service. A total of 69 cases were reported as completed.

The Cardiovascular Clinic

The cardiovascular clinic, under the direction of Dr. R.S. Murphy, commenced on October 4, 1978. Six clinics were held with a total of 68 cases seen.

Planned Programs

It was anticipated that an early detection of breast disease clinic would be established. To date the clinic has not materialized.

It was also anticipated that the Atlantic Health Unit would establish a program for screening|follow-up cases for lung diseases in the Diagnostic Centre. Preliminary discussions were held; however, the program has not materialized to date.

Conclusion

The objective of the Diagnostic Centre appears to have been realized at the completion of its first full year of service, patients flow from the various services smoothly with little waiting time involved. It appears patients, as well as physicians, are satisfied.

DEPARTMENT OF DIAGNOSTIC RADIOLOGY

Department statistics show that we continue to increase our number of examinations with a total of 159,236 covering April 1, 1978 to March 31, 1979 as compared to 143,210 for the same period in 1977-78. Nuclear medicine examinations were 7,822 for 1978-79 and 7,396 for 1977-78.

A new C.T. body scanner has been ordered and, hopefully, will be installed in the fall of 1979. This will be located adjacent to Neuroradiology on the second floor. We are also adding to our nuclear medicine facilities with new equipment to do cardiac imaging, including a mobile gamma camera and computer equipment. This should be functioning by July, 1979.

Dr. Robert Miller has been appointed to our active staff following a Fellowship year in cardiovascular radiology which included three months at John's Hopkins Hospital in Baltimore. Dr. Jim Standen has resigned as Head, Department of Radiology, Victoria General Hospital, and Dr. D.B. Fraser has been appointed as Acting Head.

The resident training program continues with success, having 13 persons in the program, with all three writing Royal College examinations in 1978 being successful. The R.T. training school has 20 trainees, and was equally successful, having all 11 of our graduating students passing their National Examinations.

DIETARY DEPARTMENT

Once again, the Dietary Department has worked to provide food, nutritionally and therapeutically suited to the requirements of the Victoria General Hospital patients and staff.

Our staff complement for 1978 was 270 employees, which included 14 full-time dietitians and one part-time dietitian.

Meals Served	April 1|78 - April 1|79
Outpatients	3,931
Diabetes Day Care	3,113
Scotia Room and special luncheons	936,117
Inpatients	889,314
Total	1,832,475
Nova Room transactions	215,109
Rehabilitation Center transactions	66,440
Operation Room transactions	34,642

Out of the 889,314 inpatient meals served in 1978, special diet trays numbered 193,848 and diabetic diet trays numbered 52,437.

Clinical Services

One area of concern has been the nutritional support of cancer patients: (a) An extensive literature review of the "Nutritional Support Systems for Cancer Patients," was completed by Susan Markus, Dietetic Intern, February 9, 1979; (b) In May, 1978, a Chemotherapy Diet Project was begun; (c) A brief was presented by Rita A. Mulroney and Joan A. Stewart to the Nova Scotia Oncology Study Committee, January 31, 1979; (d) A Special Diet Care Project is being set up; (e) A booklet, "Nutrition: A Helpful Ally in Cancer Therapy," (Ross Laboratories) is being made available to Tumor Clinic patients as well as in-patients and out-patient department patients.

Nutritional assessment studies continue on the medical unit. Shirley Power, P.Dt., is working on a paper called, "How to Recognize the Need for a Detailed Nutritional Assessment of the Hospitalized Patient."

A protocol for total parenteral nutrition in patients with acute renal failure was developed by Judy Somers, P.Dt., and Dr. M. Wie, Resident III.

Group classes are on the cardiology unit, the arthritic unit, the psychiatric unit, in the Nutrition Clinic and Diabetes Day Care.

A new "Dietitian's Report" form has been designed and approved for charting.

Internship Accreditation: In May, 1978 two members of the Canadian Dietetic Association visited our internship for purposes of accreditation. We came through with flying colours. This is very important as we are the only dietetic internship in Nova Scotia.

Nutrition Days were held February 12 - 14, 1979. Featured were displays on Cardiovascular Nutrition and Fitness N.S., Nutrition and Drug Display, B_6 and Oral Contraceptives, Enteral and Parenter Nutrition and Nutrition and Alcohol.

Safety Award: Workmen's Compensation Board, over 61,000 hours without an accident.

Joan Douglas, Assistant Director of Dietetics, was the Charter President of the Halifax|Dartmouth Branch of the Canadian Food Service Executive Association, a position she has held for five years. This year, at the annual meeting in Toronto, the Branch won the award for "The Most Outstanding Branch of the Year." In November, Joan was made an Honorary member of the Nova Scotia Chefs de Cuisine Association.

Most of our dietitians are involved in various professional associations and hospital committees.

Sanitation Course: One hundred and seventy-five staff members passed the six-hour National Sanitation Training Course (Canadian Restaurant and Food Services Association) conducted by the Atlantic Health Unit.

DEPARTMENT OF GYNECOLOGY

There has been a moderate increase in the number of surgical procedures, from 2,495 in 1977 to 2,595 in 1978. The in-patient and out-patient loads have not changed greatly, but a number of so-called private patients have been managed in the teaching unit on 5 Victoria. The proportion of beds used for tertiary and secondary care, and radiation and other treatment of oncology cases has not changed appreciably during the past year. Roughly, 34 beds are used for tertiary care.

One area of real concern was the gradual increase in numbers of second trimester therapeutic terminations and steps are being taken as this report is written to expedite the management of all therapeutic termination cases handled at the Victoria General Hospital, and to gradually eliminate second trimester terminations.

Teaching

The educational facilities for medical residents, interns and students are fully used, as in previous years. Students from the hospital School of Nursing also are trained on our Gynecology Service and, occasionally, students from other schools have short experiences here. Our facilities and arrangements seem to be adequate for the teaching responsibilities which we carry.

Research

Major studies on the outcome of management of carcinoma of the cervix and carcinoma of the endometrium at the Victoria General Hospital have been carried out by Dr. Tupper and will soon be available for publication. Dr. Fraser maintains a trophoblastic disease registry for the Maritime Provinces and as most of these patients are managed, at one time or another, at the Victoria General Hospital, accurate follow up records are being maintained.

Dr. Robinson carried out a survey of urinary stress incontinence in females treated by the Marshall Marchetti procedure on the Gynecology Service between the years 1970 and 1975, and this report will shortly be presented and published.

A study of laparoscopy cases, other than those for sterilization, was carried out during the year by Dr. Bent, a resident in Gynecology, and the information presented to a department meeting.

Administration

There were no staff changes during 1978, but Dr. T.R. Martin was promoted to Associate Gynecologist.

Regular weekly rounds are held during the year on Wednesdays at 7:30, except during vacation time. These rounds are normally attended by about 10 staff gynecologists, 6-8 residents, one intern, two clinical clerks and 3-4 nurses. A record is kept of the topics and cases discussed. From time to time, guests are invited from other departments to attend these rounds.

A monthly University Department Staff Business Meeting is held and at each meeting a special section of the agenda is reserved for

business pertaining to the Victoria General Hospital. The minutes of these meetings are maintained in the department office.

In addition, three special meetings of the active hospital staff members were held to deal with specific ongoing problems. Notes on these meetings have been maintained in the hospital department office.

A number of papers were given by members of the department and full details are shown in the University Department report.

HEALTH SCIENCES LIBRARY

The Library continues to make progress. The Library's collection of books, journals, and audio|visual programs continues to expand. During this period a total of 612 new books was acquired; 179 for the Library and 433 for the various departments. A total of 31 new journals was acquired; six for the Library and 15 for the various departments.

User services for the Health Sciences Library, representing averages calculated on a monthly basis, were: Interlibrary loans - 63, photocopies - 1,500, literature searches - six, and reference inquiries - 192.

The perennial problem of not having sufficient space continues to restrict the Library's operations. As time passes this problem becomes more acute. However, a potential solution to the space problem may be in sight. In the past year, the Co-ordinator has made a submission to the (B.E.C.) Built Environment Coordinators regarding space needs of the Hospital Library. B.E.C. is concerned with planning the New Ambulatory Care Centre for the Hospital. Space for a new Library will hopefully be included in the plans for this new facility.

AUDIO-VISUAL DEPARTMENT

The past year has proved that the demand for Audio-Visual services is still increasing in the Victoria General Hospital and that the use of audio-visual aids has now assumed a vital role in most presentations.

This Department, with its modest budget and limited staff, still one photographer|supervisor and one projectionist, had been fully extended to fulfill the many and varied demands for A|V services. The paramedical group are getting more involved with video|taping, some of which are excellent presentations on continuing education and patient health. However, this places a heavy load on the Department staff and it

is hoped that serious consideration will be given to increasing the number of staff.

In this respect, it should be noted that requests for additional help have been included in our annual budgets for the last 12 years. Although the Victoria General Hospital is the largest one in Halifax, the Audio|Visual Department staff is only one-half to one-third of the other three hospital's A|V Departments.

We are glad to report that we now have a new copying camera, slide duplicating and movie projector. These machines will enable the Department to give better and quicker service to the hospital staff and thanks are due to the Administration for providing the funds to purchase this equipment.

Statistics:

No. of requisitions	609
No. of patients	341
No. of black and white negatives processed	996
No. of colour transparencies	1,452
No. of overhead transparencies	1,370

MATERIEL SUPPORT SERVICES

The demands being placed on the elements of Materiel Support Services continued to escalate during this period.

The demands were met by the acquisition of new equipment and constant shifting of staff to meet peak loads.

The problem of meeting these demands was aggravated by the transfer from the hospital of two senior managers, which caused some delay during the training period of the newly-appointed managers.

Inventory Control

In October, 1978, Mr. H. Orr was appointed as Inventory Manager.

Development of the computerized inventory control system, which started on April 1, 1978, continued throughout the year. In addition, a conceptual study on Module II of this system was carried out by B.M.C.S.

The cost of procurement of equipment and supplies increased by 10 per cent over the previous year.

Stores

In May, 1978, Mr. D. Smith was promoted to Stores Manager. This resulted in two additional promotions within the stores department.

The department assumed responsibility for warehousing and distribution of X-ray film and medical gases.

The volume of supplies processed increased by 15 per cent over the previous year.

Printing and Duplicating

The Print Room Supervisor was on sick leave for 10 months of the period under review, making it extremely difficult to provide satisfactory service.

Evaluations were conducted on automated equipment which will increase the capability of the staff of the print shop.

Porter Escort Service

Requests for porter escort service increased marginally during this period; and, in spite of a high staff turnover, adequate service was provided.

The volume of mail processed through the mail room increased by 10 per cent over the previous year. External delivery service deteriorated for a period of two months as a result of the opening of the new postal sorting station in Halifax north.

Laundry

The acquisition of a new Cross-folder has improved production, while reducing the manpower requirement during the folding operation.

The Laundry Manager was elected Vice President of the Institutional Laundry Manager and Executive Housekeepers Association and has been actively involved in the conduct of correspondence courses in laundry technology.

MEDICAL RECORDS DEPARTMENT

During 1978|79 the Medical Records Department processed the records of 129,010 patients. Requests were received for 79,851 patient records. There were 74 major research projects and 95 major requests for statistical data. The Medical Records Department assisted with five clinical appraisals.

Medical Records Committee

On the recommendation of this committee the following major improvements have resulted:

- Strict implementation of Medical Staff policies have been successful in reducing the number of incomplete records from 7,000 to 1,500 at any given time.

- Procedures have been implemented where records of discharged patients are picked up by the Medical Records porter by 1200 hours of the day following discharge.

- A hardwire Dictaphone system was installed in August, 1978 with very satisfactory results.

Clinical Appraisal

The Medical Records Department has assisted this committee with several appraisals. Quality Assurance Monitor (CPHA program) was approved by the Medical Staff for a one year trial to begin in October, 1979.

Data Processing

The CPHA PAS abstract was revised, as was the International Classification of Diseases-Clinical Modification in January, 1979.

Department of Health Admission - Separation Form

This form was revised as of April 1, 1979. The Medical Records Department is responsible for control of the completion of discharge and mailing of the form.

Day Surgery Records

Records continue to be processed but, due to lack of staff, no statistics or medical indexes are kept. This is a priority for the forthcoming year.

Emergency Records

Indexing these records is a year and one half behind. This causes difficulties for the Emergency Department as records are not as readily available as they should be.

Microfilming

Records are being microfilmed after they are seven years old. It is anticipated that microfilming one year's records each year will provide sufficient file space for current records. Two cameras were removed from this processing, effecting substantial savings.

DEPARTMENT OF MEDICINE

In general, the Clinical Services to patients of the Department of Medicine continued at a high level. Total discharges at 5,158 were similar to 1977. Total days stay at 79,055 and average days stay at 15.3 were decreased from 1977 by 7 per cent and 5 per cent respectively.

Departmental meetings were held on a monthly basis and, as well, all of the sub specialities held regular monthly meetings.

Teaching of undergraduate and graduate students continued to be a high priority.

The Department continued to be active in research projects.

In July, 1978, renovations to the Medical Intensive Care Unit were completed. These renovations increased the bed capacity to five from four and provided increased bed space per patient with isolation capacity. Unfortunately, only four of the beds were able to be put into use because of insufficient nursing staff.

In August, 1978, the Home Training Section of the Dialysis Unit moved to larger facilities on the third floor of the Jubilee Building. The new space allows for the training of two persons at a time and provides an office for administrative work.

During the year the Dermatology Outpatient Treatment Unit was moved from its original small area in the Jubilee Building to the larger area with waiting room, two bathrooms, separate treatment on ultraviolet ray rooms. This has proven very successful and there is quite a long waiting list for treatment.

In May, 1978, the expanded and renovated Pulmonary Function Laboratory Service was officially named the "Doctor C.J.W. Beckwith Lung Unit." The improved space facilities and modern equipment acquisitions have helped to make this a very efficient and active laboratory.

The G.I. Laboratory was relocated to a newly-renovated area on the third floor, Centennial, in the spring of 1978. Besides providing a more efficient lab. facility, the space also contains a much needed three bed postendoscopy recovery section.

A Radionuclide Imaging Laboratory was established by the Cardiology Service in conjunction with the Department of Radiology. The addition of this facility is a major advance in the investigation of patients with heart disease.

Permission was received for the staffing of the Echocardiography Laboratory with a full-time technician, which will now provide the hospital with this valuable diagnostic service on a full-time basis.

Renovations are being completed for the establishment of a much needed "Activities of Daily Living" assessment section in the Occupational Therapy Unit.

In summary, the Department had a busy and productive year.

DEPARTMENT OF MICROBIOLOGY

This year has generally been one of significant increases in workloads and major personnel changes in the laboratory. Specimens, in total, increased by 10.6 per cent, largely due to the demands placed on Clinical Bacteriology, Enteric and Clinical Immunology laboratories. Indeed, only two had a reduced specimen load, Mycology and Respiratory sections.

We were able to secure the services of two additional laboratory Directors during the past year. Dr. Michael Noble assumed responsibility

for Clinical Bacteriology and Dr. Spencer Lee for Clinical Immunology from the previously acting-Directors, Drs. Haldane and Rozee, respectively. This additional strength was most welcome and came at a time when it was most needed.

As usual, the laboratory performed its function as Central Reference Laboratory for Nova Scotia and provided many proficiency surveys to other laboratories throughout the province. We are convinced that this function is a most important mechanism for assuring quality laboratory services. The participation rate and the care taken by the other laboratories leads us to believe that the service is generally appreciated.

As a Provincial Laboratory we have participated in CAP and LCDC proficiency surveys in which we, as the Central Reference Laboratory, check our own quality. The results have been mostly very satisfactory and, in only a few instances, have we had to engage in remedial "trouble-shooting." We will continue to participate in these valuable evaluation procedures in the next year.

In the coming year we will continue our policy of offering refresher courses. These have been well attended in the past and we will be offering one in Virology in the near future.

GENERAL STATISTICS OF DEPARTMENT

TOTAL NUMBER OF SPECIMENS

	1977|78	1978|79	Percentage
Clinical Bacteriology	56,900	70,622	+24.1
Clinical Immunology	46,455	51,845	+11.6
Electron Microscopy	866	874	+ 0.9
C.S.F.	1,571	1,589	+ 1.1
Enteric Bacteriology	3,828	4,423	+15.5
G.C.	15,947	17,104	+ 7.3
Parasitology	1,350	1,518	+12.4
Biotyping	3,214	5,239	+63.0
Mycology	3,995	3,673	- 8.0
Respiratory	13,704	11,100	-19.0
Sanitary Bacteriology	38,217	38,237	+ 0.1
Virology	27,401	29,804	+ 8.8
TOTAL	213,448	236,028	+10.6

DEPARTMENT OF NEUROSURGERY

The Department of Neurosurgery during the past year, as in previous years, has been handling an ever increasing volume of clinical neurosurgery while maintaining its academic role in the university and hospital setting. Procedures for the year totalled 2,197, approximately 100 more than in the previous year.

Because of the shortage of neurosurgical beds in the Victoria General Hospital, the Halifax Civic Hospital played a major role in enabling the Department to meet the demands of the province for neurosurgical care. Over 400 major neurosurgical operative procedures were performed in the Neurosurgical Operating Rooms at the Victoria General Hospital on an out-patient basis from the Halifax Civic Hospital. These patients were admitted to the Halifax Civic Hospital and later transferred to the Victoria General Hospital for their operative procedure and, later that same day, transferred back to the Civic Hospital for their post-operative care. The required diagnostic procedures on these patients in the Halifax Civic Hospital again are performed in the Neuro-X-ray Department at the Victoria General Hospital on an out-patient basis. As in previous years, the Department has pressed the Administration and other agencies responsible for the delivery of health care to increase the neurosurgical bed capacity, at the Victoria General Hospital, and this is felt necessary in order to provide optimal care. It is hoped that in the near future a redistribution of beds in the Victoria General Hospital will enable the Department to expand its bed capacity so that all neuro-problems will receive their total care at the Victoria General Hospital.

The Attending Staff has remained the same, as in the previous year. Dr. Fraser Saunders completed his Neurosurgical Training in July, 1978, and successfully completed his Royal College Examinations in Neurosurgery in the fall of 1978. He has since joined the Department of Neurosurgery at Queen's University.

As in previous years, the Neurosurgical Nursing Staff played a prominent role in the activities of the Canadian Neurological-Neurosurgical Nurses Association. The nurses at the Victoria General Hospital held a one-day seminar for nurses in regional areas of the Maritime Provinces which was well attended by a cross-section of nurses throughout the province. The Active Staff contributed to this seminar and, as in previous years, continues to play an active role in the up-grading of the neurosurgical education of the nursing staff in the

Department. Two nurses were sponsored to attend our Annual Meeting in Vancouver by the Department.

Publications

A. Badejo, V.E. Sangalang:
Vascular Malformations of the Spinal Cord (Angiodysgenetic Myelomalacia): A Critique on its Pathogenesis. Surg. Neurol. Vol. 11 pps 101-106 Feb. '79

R.O. Holness, Harold J. Hoffman and E. Bruce Hendrick:
Subtemporal Decompression for the Slit-Ventricle Syndrome after Shunting in Hydrocephalic Children. Child's Brain 5: pp 137-144 (1979)

Presentations at Scientific Meetings

W.S. Huestis:
Neurosurgical Aspects of Cerebrovascular Occlusive Disease. Presented in the Sir Charles Tupper Medical Building to the Nova Scotia Society of Internal Medicine. October, 1978.

W.S. Huestis:
The Management of Head injuries in a General Surgical Practice. Presented to the Nova Scotia Section of Surgery Meeting at Ingonish in September, 1978.

DEPARTMENT OF NURSING SERVICES

The Department of Nursing Services is an extremely active department within the Victoria General Hospital. There are approximately 1,200 staff in the department who assist in various ways in meeting the quality patient care we strive to provide, assisting in the education of health-related personnel and conducting and co-operating with research in health and patient care.

Patient Care

During the year, there were many innovations and improvements in patient care by nursing staff. Some of these were hospital-wide, such as preparing a nursing team at the B.C.L.S. level to be assigned to the Cardiac Arrest Team. During the hospital's Open House in the fall, many of the nursing units produced excellent displays - posters, audio-

visual teaching equipment - which were used following the Open House for students, patients and visitors teaching. Some of the innovations affected most particularly the patients on one nursing unit or one medical service. For example, Orthopedic's nurses developed a new set of stabilizing leg-boards for wheel chairs to improve their patients' safety. The Psychiatric Unit developed movement and dance therapy - the first in Nova Scotia. This helps patients socialize and improves their communication skills. There has been an increase in the use of nursing consultation skills. Nurses skilled in a specialty of nursing are ready to assist staff in another unit who have patients needing these skills.

Nursing staff have been active in planning with others for renovations which will improve patient care. For instance, Medical and Surgical ICU renovations now provide new monitoring equipment in SICU, availability for isolation and renal transplant patients, and more privacy and space for patients and staff. Some of the out-patient services and facilities have been renovated so that patients can now recover from their treatments and tests in better surroundings. This is particularly true in the G.I. Unit. Other units have made renovations to the washrooms so that toilet facilities are now more accessible to patients in casts. Because of special equipment and renovations, long-term patients on some of the medical units can now have showers, rather than bed baths.

The Nursing Department is continuing to respond to service needs, as identified by others in the health care system. For example, the drastic increase in open heart surgery has meant selecting and developing increased numbers of staff with special abilities to care for these patients, both in the intensive care area and on the general nursing units. The mine disaster in Cape Breton in February, 1979 again taxed the physical resources of the Burn Unit and its staff. The response to the needs of the patients and staff in the Burn Unit was heartening and hospital-wide team spirit was evident.

During the year, nursing staff from the out-patient Psychiatry Clinic moved to the Abbie Lane Hospital when the clinic was relocated there. Changes in the Department of Preventive Medicine also affected nursing staff. A senior staff member moved to Infection Control Service and the remaining staff changed their clinical focus to Occupational Health programs.

The Quality Assurance project is continuing. The committee has expanded to include head nurses and continuing education instructors. Plans are proceeding for more workshops on the Meyer Model Nursing Care Plan.

Standard procedures for functions transferred from Medicine to Nursing have been developed for all intensive care units in the hospital. The committee members also detailed the method of teaching these procedures to new staff and manuals are now on these units. Certification of intensive care nurses to perform these procedures is close to completion. Phase II will repeat these activities for newly-transferred functions in 1979.

Nursing areas which submit their own annual reports include the Operating Rooms and Emergency. Both these areas have had extremely busy years.

The Recovery Room is reacting to an increase in out-patient surgery which involved 47 per cent of their patients this past year. Plans are underway to streamline services for these patients within the constraints of our present limited space.

A Victorian Order of Nurses liaison nurse is supported by the Nursing Service Department. Her activities help ensure continuity of patient care between hospital and the community. As many of our patients come from across the Maritimes, this liaison is extremely beneficial.

The Interdisciplinary Hospice Committee implemented a trial service using volunteers to assist terminally ill patients and their relatives. The program is presently being evaluated.

Education

The Nursing Service Department participates in educational programs for our own staff, for other health care workers and students, for our patients, and for the public in general.

Our Continuing Education staff have an extremely active program. Their activities include orientation of new staff, staff training and development programs, conducting programs on special needs, (CPR update, Ortho workshop), and meeting requests from outside the hospital. A major effort this past year has been the presentation of 17 day-long workshops on Patient Education, Communications, Management Skills for R.N.'s, Legal Aspects of Nursing, and Death and Dying. Each workshop accommodated 35-40 staff. They also conduct the provincial programs for Critical Care Nursing, from which there were 60 graduates in 1978.

Nursing Department personnel participate in workshops, seminars, and conferences outside the hospital, as well. Our nursing staff participate in various professional associations for the benefit of health personnel working in many specialized areas. Among the activities in which our staff are involved are the following: planning and working with the newly-formed Respiratory Disease Interest Group; planning and sponsoring a highly successful Operating Room Nurses Conference in Halifax in the summer of 1978; planning for the 1979 Canadian Association of Neurological and Neurosurgical Nurses Conference; speaking at various conferences and workshops; attending the Annual Meeting of the Canadian Nurses Association, the Registered Nurses Association and the Nova Scotia Certified Nursing Assistants Association.

Nursing staff are expected to act as role models, preceptors, and to generally contribute to an environment conducive to learning for health care workers. We assisted students from our own Nursing School, as well as undergraduate and graduate nursing students from Dalhousie University. Students also came from St. Francis Xavier and Memorial University of Newfoundland. As well, our Continuing Education staff co-ordinated planned observation and experience in a variety of specialties in a response to requests from other hospitals.

Patient education was evident throughout the hospital. Continuing Education maintained a wide range of patient teaching aids and individual units developed specialized patient teaching plans. A nurse was added to the Diabetic Day Clinic to assist in the education of diabetic patients during their hospitalization.

Nursing participated in Hospital Day, and V.G. Open House activities designed to teach the public about health and hospitals.

Research

A study on "Attitudes of Lifelong Learning" was conducted by two members of our Continuing Education staff. The study and results were published in The Journal of Continuing Education in Nursing (Jan./Feb. 1979, Vol. 10, No.1).

The Task Force Report on Nursing Complement at The Victoria General Hospital was presented to the Board of Commissioners and the Department of Health in September, 1978.

Other research projects conducted with the assistance of the Nursing Department include ongoing projects of Dalhousie School of Nursing staff, and projects completed by Dalhousie Nursing students.

Administration

In a large hospital, such as the Victoria General, it is difficult to keep staff, who are becoming quite specialized, informed of the overall services in the hospital. To this end, a monthly meeting of Head Nurses, Assistant Directors and the Director of Nursing was held. Also, a Nursing Department newsletter, called "News and Views," was distributed weekly from Nursing Office. Centralized Continuing Education programs with staff from throughout the hospital also aid in sharing accomplishments between units.

Nursing continued to support interdisciplinary planning for patient care services in the hospital. Nursing representation was evident on all major hospital committees. The interdisciplinary rounds on many of the Nursing Units was also evidence of the importance of teamwork in the Nursing Service Department.

We continued to place great emphasis on selection and placement of staff in all categories of positions. Special arrangements were made with the Personnel Department to accommodate this. Recruiting for experienced staff nurses in the Maritimes and the Toronto area was implemented in June, 1978, and plans for recruiting new graduates in 1979 were begun in January, 1979.

Emergency Department

For the period April 1, 1978 to March 31, 1979, the patient count was up 2.2 per cent over the same period of the previous year, from 51,169 to 52,326. Of this number, 7,278 were admitted to the Victoria General Hospital.

The patient count for 1977 was up by 5.2 per cent over the previous year, from 48,272 to 50,826. Of these, 7,386 were admitted to the Victoria General Hospital.

A mock disaster, "June Bug," was carried out in July, 1978. A lot was learned from this exercise.

Two of the Emergency nurses atended the Critical Care Nursing Course.

In July, 1978 four new Emergency physicians were taken on staff, bringing the total complement to seven physicians. The physicians no longer rotate to the Halifax Infirmary.

In September, 1978 a new ambulance was acquired, replacing the "73" ambulance.

Plans have been initiated to improve communications with the public. Janet MacDonald, Head Nurse, was sent to the Toronto General Hospital to observe their Triage Program.

Renovations for the relatives' waiting room were started in January, 1979.

Operating Room

The total number of cases performed during the fiscal year was 23,657.

Six student nurses elected to spend one month in the operating room, two of whom returned following graduation.

Eight Certified Nursing Assistants graduated from the Operating Room Technicians Course and four joined the staff.

The National Operating Room Nurses Convention was held in Halifax in 1978 and our nurses did an excellent job in the planning and sponsoring of this highly successful conference.

Staff also attended seminars, workshops and in-service programs throughout the year.

Several pieces of new equipment were purchased in order to keep abreast of the latest techniques.

Surgeons, nurses and all other staff members continued to work as a team to maintain quality care for our patients.

SCHOOL OF NURSING

One hundred and ten students (107 females, three males) enrolled in the program during 1978, for a total student enrollment of 195.

Ninety-seven graduated from the School of Nursing in the combined Allied Health Schools Graduation in September, 1978, and 89.6 per cent were successful in the first writing of the national registration examinations.

Two new faculty appointments were approved and two faculty members on educational leave returned to their former teaching positions. Twenty-eight faculty members, including secretaries, were sponsored to attend continuing education seminars. One two-day workshop entitled "Dramatics in Teaching", presented by Dr. Lionel Lawrence, was held in the V.G.H. School of Nursing for all nursing faculties in the province. Two faculty members held weekend certification classes in C.P.R., training both faculty and senior students, resulting in eight faculty members and 12 senior students receiving certification, with the anticipated target of 36 senior students becoming certified before graduation.

Up until now, a national examination divided into areas of specialization has been used to evaluate the minimum cognitive abilities of candidates seeking entry to the profession. In recent years, this type of examination, which has been changing constantly in order to sample better the concepts in which modern nursing is based, has been moving in the direction of a comprehensive examination. This new examination will be written for the first time by our students in 1980. Because of these changes at the national level, much work has to be done to prepare our students. Margaret Barrett-Banks, nursing instructor, was appointed to co-ordinate work on our school examinations, bringing them in line with the National Blueprint. Under her direction, many working sessions have begun with all faculty becoming involved in this major project.

Mrs. Elizabeth Lamond, former Assistant Director, was appointed to the position of Curriculum Co-ordinator.

Only minor curriculum changes were made in the existing program over the past year. These changes were considered to be the normal curriculum revisions that follow faculty and student evaluation.

The proposed conceptual framework for curriculum was accepted by faculty. Instructors then looked at various components of the curriculum and began to level, sequence, and delineate content in keeping with the nursing model. Course descriptions and objectives were written and faculty began working on the specific content to be presented in each course.

The curriculum was presented at periodic intervals throughout the year to both the steering committee and the total faculty.

At the present time, specific courses are being finalized with the intent of implementing the first year of the revised curriculum in September, 1979.

All position descriptions were reviewed and re-written during the year, with requests submitted for the establishment of three positions, and the subsequent deletion of three nursing instructor positions.

Again this year, a questionnaire was sent to all graduates of the Class of 1978 following 3½ months employment. Fifty-nine per cent of these were returned completed. Only minor changes will follow in light of the data obtained. It is noteworthy that 3½ months following graduation, 51 of the 57 graduates feel confident in themselves and their abilities, yet realize their limitations and need for continued study and experience.

A five-year approval survey took place in October, 1978, and for the first time the survey was carried out by a team, with Ms. Kathleen Arpin, University of Toronto, being team co-ordinator. To date, we have not received the recommendations from the survey. Mrs. Elizabeth Lamond was appointed by the R.N.A.N.S. to be a member of the approval team.

OCCUPATIONAL HEALTH DEPARTMENT

On October 18, 1978 the Department of Preventive Medicine was abolished and two new programs were established:
1. A Department of Occupational Health
2. An Infection Control Service

The Department of Preventive Medicine was staffed by four nurses, one nursing supervisor, one part-time physician and two secretaries.

Staff changes were as follows: Dr. R. Manuel left the Department in 1978. Dr. Nadia MacIntosh was appointed in charge of Staff Health Services in September, 1978. Miss I. Paterson R.N., Supervisor of Nurses, and Mrs. Linda MacLeod, clerk typist, were transferred to Infection Control Service in November, 1978. Mrs. Marion MacGougan, R.N., resigned in December, 1978. Mrs. Bonnie Walker, R.N., was acting Head Nurse until the appointment of Ms. Gai Thomas, R.N., M.Sc., in March 1979.

On September 1, 1978, Staff Health Services were started. Four nurses and one physician have been available for consultation, and there has been a steady increase in the number of staff who have made use of the health facilities - (since Sept.|78, 1558). There are daily clinics for sick staff who either choose to come or are sent by the supervisor, because of problems, acidents, illness, etc.

Staff Health stocks essential drugs and first-aid equipment, and is able to deal with most accidents. Some follow-up has been done on accidents, general illnesses, chronic illnesses, etc.

There has been an expansion of referrals to various specialty clinics within the hospital.

A confidential record and chart system has been set up and is being improved continuously with the help of the nurses and clerical staff.

The immunization program for all staff has continued on a weekly basis.

Tuberculin testing of all in-patients, under 39 years of age, has been discontinued. At present, tuberculin testing on in-patients is done on request only. We are hopeful that the staff on the wards will take over this particular duty in the very near future.

Pre-placement questionnaires have been set up and several departments have participated in pilot studies. It is hoped that all new employees will cooperate in answering pre-placement questionnaires.

Regular examinations of the dietary staff have been continued.

DEPARTMENT OF OPHTHALMOLOGY

During the past year the Department of Ophthalmology has carried on an active program in spite of the fact that it is still without a permanent full-time Clinical Head. Dr. M.S. Ramsey resigned as Acting Head on February 28, and Dr. E.V. Rafuse assumed the Acting Headship on that date. It is anticipated that a permanent Clinical Departmental Head will be appointed in the near future.

The Residency training program continues under the supervision of the University Department of Ophthalmology and is integrated

throughout all of the teaching hospitals in the Halifax area. Clinical clerks have been exposed to clinical ophthalmology in the Out-patient Department.

Plans for the consolidation of the Ophthalmology Department at the Halifax Infirmary are continuing and will probably be completed during the next academic year.

During this past year 5,220 patient visits were made to the out-patient eye clinic.

DEPARTMENT OF ORAL SURGERY

Patient Services

The total number of patients treated by the Department was 5,820, compared with 6,079 for the previous fifteen month period.

The total number of inpatient admissions was 190, compared with 157 in 1977.

The total number of services rendered was 14,798, compared with 15,302 the previous year.

Teaching and Education

One Resident, Dr. Thomas V. Disney, completed his residency training in Oral Surgery in 1978. Dr. Disney won the 1978 Annual Research Award of the Canadian Association of Oral and Maxillofacial Surgeons.

Research

The following projects were being carried out in the Department in 1978.

1. The Effects of Succinylcholine Chloride and Sodium Pentothal on the rest position of the mandible. (Dr. T. Disney)

2. Retrospective Statistical Analysis of Mandibular Fractures admitted to the Victoria General Hospital, 1973 - 1978. (Dr. P. Cyr)

No major plans for change are foreseen; such changes that are required can only be accomplished with new and enlarged space facilities.

DEPARTMENT OF OTOLARYNGOLOGY

A few changes took place in the appointments during the last fiscal year.

Dr. Y.K. Wong extended his contract beyond the academic year and remained in the position of a Teaching Fellow until the end of September, 1978. He then departed for Hong Kong to start private practice in Otolaryngology along with his brothers, all practicing physicians.

Dr. Mencher returned from his scientific exchange tour of Israel and resumed his appointment as a Director of the Hearing and Speech Clinic in July, 1978.

Dr. Goomar exchanged his Active Staff position for Courtesy Staff in January, 1979, after ceasing his involvement in the University Teaching Program.

The departmental secretary, Miss Janie Stewart, departed in early 1979 to accept a new career as an airline hostess, but fortunately her position was taken over by an experienced, university part-time secretary, Mrs. Marianne Beaudry.

The only first year resident, Dr. A. Aghamohamadi, left in July for a year of Clinical Fellowship in Pittsburgh. Doctor T. Robbins transferred to the Department of Surgery for one year of accredited training. Two new Residents enrolled into the program, Dr. O. Pal, a qualified General Surgeon from New Brunswick, as Resident II, and Dr. A. Jorge, as Resident III, after a transfer from the Queen's University Program following its closure.

One interne per month continued rotating through the Department as before.

Undergraduate teaching took a new form as of July, 1978. In addition to the practicum and a set of didactic lectures to the Third Medical year, the Fourth Year students started rotating through the Department as of May 1978, on a weekly basis in small groups of two or three. Special activities scheduled for them included the use of audio-visual equipment on Ward 9B and attendance at surgical procedures. A number of elective students were again placed in private offices and clinics. The senior Residents participated in the Second Year course of anatomy, serving as demonstrators for the head and neck portion.

A special clinic was established at the School of Human Communications Disorders as of January, 1979, where, on Tuesdays, Dr. Novotny reviews cases with the Residents in Family Medicine and at the same time demonstrates to the students of Audiology.

The departmental lecture program included monthly contributions from the Audiologists and Speech Pathologists and also from members of other clinical departments. The Staff reciprocated by involvement in their departmental sessions, as well as lectures to nurses, etc.

In the first week of May, 1978, during the University Training Programs Survey, the Department was inspected by Dr. G.D. Hurteau of Ottawa. About the same time, news was received that the Royal College Accreditation Committee acted on the report submitted a year earlier during the pre-inspection visit by Dr. Fredrickson and extended the Residency Program approval for two years. Dr. Hurteau's recommendation was to concur. The ruling was appealed later, as the decision was incorrectly based on a pre-inspection study and by the time of its announcement one year had already passed.

Multiple meetings and the adoption of the R.M. MacDonald report on Metro Health Planning resulted in a more definite decision to concentrate most of the departmental activities in a redesigned, enlarged wing of the Halifax Infirmary and leaving only a lesser establishment at the V.G. Hospital, to maintain purely tertiary care services. As of the end of the fiscal year no fixed financial commitment was forwarded by the Minister of Health, yet the move appears to be certain in the very near future.

OUTPATIENT DEPARTMENT

During this period, 17,268 patients made 44,195 visits to the Victoria General Outpatient Department. Because of the transfer of the Psychiatric Clinic to the Abbie J. Lane Memorial Hospital in March, 1978, this indicates a decrease in visits as compared to the previous twelve-month period. However, most clinics showed a modest increase in numbers of patients seen, and a total increase of 3,167 visits occurred in these.

Three new clinic sessions were added during the year — Infectious Disease, a second Respirology and an additional Cardiovascular Surgery, the last two sessions being held in the clinic area at the Diagnostic Center. Other changes were a decrease in E.N.T. Clinics from

three to two sessions per week, and the combining of the Gynecology and Gynecology Post-Op Clinics to make a session per week only.

DEPARTMENT OF PATHOLOGY

The Department of Pathology comprises three major service divisions: Anatomical Pathology, Clinical Chemistry, and Hematology, plus smaller Cytopathology and Administrations sections. The Department functions as a central provincial laboratory facility as well as a major hospital laboratory and it is responsible for the following programs:

(1) Comprehensive medical laboratory services to the Victoria General Hospital.

(2) Blood Bank - Cross-Match service to all Halifax hospitals except the Halifax Infirmary.

(3) Blood (etc.) specimen collection and testing services for ambulant patients referred by physicians throughout the province.

(4) Specialized laboratory services to all hospitals and physicians throughout the province.

(5) Consultative and reference services to regional hospitals and laboratory directors throughout the province, including supervision and standardization of quality control programs sponsored by the Health Services and Insurance Commission.

(6) Laboratory services to programs of other government departments: Department of Public Health, Department of Environment, Attorney General's Department.

(7) Resident training in laboratory medicine to physicians proceeding to specialize in these or in other medical disciplines.

(8) Specialized training in medical laboratory technology at both the undergraduate (pre-R.T.) and the graduate (A.R.T. and L.C.S.L.T.) levels.

In addition to the above responsibilities, with a work-load as summarized below, all Divisions of the Department had a very active year in research, method development, and continuing educational pursuits.

Work-load Summary

Division	Procedures	S.C. Units
Clinical Chemistry	2,436,646	10,030,353
Hematology	799,999	6,816,249
Anatomical Pathology	24,425 (cases)	2,846,963
Cytopathology (Section)	74,893	1,732,530
Totals	3,335,963	21,426,295

PHARMACY

During the year there were over 90,000 prescriptions dispensed for in-patients and 12,115 dispensed to out-patients; in the case of the latter, this represents a considerable decrease as compared to previous years due to the relocation of Psychiatry Clinics to the Abbie Lane Hospital.

Pharmacy manufactured a considerable volume of sterile solutions and parenterals with a book value of $164,023.35. This work was greatly expedited by the acquisition of a new clean air unit and clean working area located on the first floor.

The 1978-79 year has been busy and productive for the Pharmacy Service. A new night drug cupboard was set up for convenience in obtaining after hour medications. The cupboard is serviced daily by Pharmacy staff, and is much appreciated by nursing personnel.

The Drug Manual, the Pharmacy Policy and the Policy for Antiseptics and Disinfectants have all been updated during the year.

The Pharmacy service to out-patients has been somewhat altered in the past year.

Investigational drug programs and clinical studies have been an ongoing function of the Pharmacy. Investigational work has been done on 10 new drug entities. As well, six double blind drug studies have been carried out with the Departments of Rheumatology, Microbiology and Internal Medicine.

Information and Educational Programs

The Hospital Drug Information Bulletin was published monthly during

the year. It continues to be well accepted by hospital personnel, as well as the many hospitals throughout the province to which it is mailed monthly.

The Department participated with the College of Pharmacy in extensive student instruction programs dealing with the practice of hospital Pharmacy. This has involved staff members in instructing and monitoring eight fourth year Pharmacy students. The emphasis in the training of this group of students has been on the practical aspect of hospital Pharmacy. As in previous years Pharmacy participated in a rotation training program for two Pharmacy residents working in other local hospitals. This involved two weeks of intensive training in the Victoria General Hospital, when methods and procedures in Ambulatory Care and Toxicology were emphasized.

Four staff members actively participated in educational programs for nurses and internes. Again this year, James Ferguson organized an interesting and educational public relations program for hospital "Open House" day. In June a number of Pharmacy personnel participated actively in a TPN Seminar sponsored by the Pharmacy and Therapeutics Committee of the Victoria General Hospital.

Continuing Staff Education

Staff have taken advantage of several professional upgrading programs. James Ferguson attended a three-day Professional Practices Program in Toronto in February. Cameron Shearer, Clinical Pharmacist, attended the American Professional Practices Program in San Antonio, Texas, in December. In October, several staff members attended a three-day upgrading program at the Holiday Inn. This program was sponsored by CSHP and NSPS and the College of Pharmacy.

Two staff members successfully completed a special training course for pharmacy assistants sponsored by the Nova Scotia Branch of the Canadian Society of Hospital Pharmacists.

In April, Cameron Shearer, Pharm. D., regrettably tendered his resignation to be effective the end of June. This will terminate three very successful years in the practice of Clinical Pharmacy here at the Victoria General. Dr. Shearer's position has been a joint appointment with the University.

Staff resignations enabled the Department to engage three pharmacy assistants, a stenographer and data processing clerk.

PLANT ENGINEERING DEPARTMENT

Work on planning and scheduling for the preventive maintenance program progressed further during the year. It is estimated that 70 per cent of this work has been completed.

A total of 7,900 work orders were processed during the year. Steam produced during the year totalled 442,562,320 pounds, an increase of 2.8 per cent over the previous year. The total amount of water consumed was 162,434,000 gallons - up 15.95 per cent from the previous year. Some of this increase is attributed to the fact that the Rehabilitation Centre was provided with steam and water for the entire 1978|79 year but only for a portion of the 1977|78 year. Total electrical consumption was 16,930,440 kilowatt hours, down 3.47 per cent from the previous year. Some of this decrease can be attributed to decreased lighting levels in several buildings.

During the year, 10 employees retired or resigned and 10 were taken on strength.

There were numerous alterations, additions, renovations and major repairs carried out to the physical plant. The more significant of these were:

(a) Major renovations to, and reconfiguration of, the Medical and Surgical Intensive Care Units on Third Floor, Centennial Building.

(b) Relocation and enlargement of the Admitting Department on First Floor, Centennial Building.

(c) Commencement of facilities for the Whole Body Scanner on Second Floor, Victoria Building.

(d) Enlargement and reconfiguration of Emergency Department, Waiting Room.

(e) Relocation and improvement in storage facilities for Medical Gases - Basement, Pavilion.

(f) A new therapy bath was received and installed in the Burn Unit - Seventh Floor, Victoria Building.

(g) Patient bathroom facilities in the Victoria Building were improved by the installation of three additional bathrooms. Five additional bathrooms are planned in this building during the forthcoming year.

(h) A Dermatology Treatment Facility was constructed in the Outpatient Department.

(i) The Home Dialysis Training Unit was relocated to Third Floor, Outpatient Department, in larger and improved facilities.

(j) A replacement cross-folder was purchased and installed in the hospital laundry.

DEPARTMENT OF PSYCHIATRY

This was the first year that the Department of Psychiatry, V.G.H., functioned without its own Outpatient Department. Some difficulties still arise in regard to co-ordinating the assessment and care of patients in the Emergency Room, V.G.H., and the Lane Outpatient Department; but these are gradually being worked out.

The Department of Psychiatry has actively participated in the clinical audit program and has completed its first project, which will be presented to the Clinical Audit in the near future. A variety of interesting findings emerged which will aid in the efficient functioning of the In-patient Unit. More extensive surveys will be carried out in the future.

The opening of the Day Care Program at the Lane will provide a major new facility for the investigation and therapy of certain kinds of psychiatric patients in the metro area. There is a close liaison between the Department of Psychiatry, Victoria General Hospital, and the Lane Hospital; and the type of patients best treated in either place is being carefully worked out.

Data presented to the Department during the year revealed that the length of stay on 9A is longer than in many psychiatric units in general hospitals throughout Canada. There are various reasons for this other than the actual medical care received. However, this situation is con-

stantly under survey and every effort is being made to keep the length of stay at as low a level as compatible with good care.

The use of electroshock treatment in the Recovery Room, which started last year, is now progressing very smoothly, and it is now accepted that this is, overall, a safer method of giving electroshock treatment.

The very active teaching program for undergraduate medical students, internes, residents and student nurses has continued. A shortage of patients for teaching continues, and it is hoped that this will be gradually alleviated by using the Lane Hospital to a greater extent.

There is a shortage of senior staff in the Department of Psychiatry, Victoria General Hospital. Dr. Judith Gold no longer works on the inpatient unit, 9A. Fortunately, Drs. R.O. Jones and J.F. Nicholson will be working in the V.G.H. after their retirements are effective, which will partially alleviate the staff shortage.

Dr. Charles David was invited to be on the Book Review Staff of the American Journal of Psychotherapy.

The Liaison Service continues regularly with the staff of the Medical I.C.U. The proposed research project on the Plastics|Burn Unit by the School of Nursing, Dalhousie University, has the Consultation Service as advisors. A monthly liaison meeting with the staff of Plastic Surgery continues.

The nursing staff and Occupational Therapy Department on 9A participated in the V.G.H. Open House by providing an exhibit consisting of pamphlets, posters, a short film and a slide show accompanied by a taped commentary with information about 9A.

Movement and Dance Therapy has been instituted on 9A by Mair Davis, Psychiatric Nursing Attendant and a licensed dance teacher. She is assisted by Lynn Ross, Psychologist. The goal is to cultivate awareness of dance and movement as a psychosocial tool in overall patient management.

Several staff have assisted in a few staff conferences on consultation from other units. We are interested in continuing this service as much as possible.

The very active and essential program in Occupational Therapy continues to be hampered by a serious staff shortage which has existed for years and has been repeatedly documented in detailed reports by Mrs. Joan Curren. The most recent hospital accreditation report noted this shortage and recommended that it be investigated. In addition to the obvious problems caused the shortage, the very valuable interne program may be endangered.

The Psychology Department still suffers from a severe staff shortage. A survey of Canadian teaching hospitals and general hospitals with over 600 beds was conducted by Miss Gwen Sterns to evaluate the status of Psychology. Of the 24 respondents, the V.G. shares with the Halifax Infirmary the distinction of being the most poorly staffed hospital in Canada with respect to Psychology. Only three other hospitals have no Ph.D. staff, but these had a minimum of four M.A.'s.

Since August, 1978, there has been available to the department, on loan from the Nova Scotia Hospital, the Halstead-Reitan Neuropsychological Test Battery which enables the psychologist to provide an assessment service to the various hospital departments. Included in future staff planning should be consideration of a psychological technician who could assume some of the time-consuming data-gathering duties.

A monthly orientation program for internes and clinical clerks on Psychiatry is conducted by the psychologists, as well as a number of teaching sessions over the year to both psychiatric residents and student nurses.

Regular departmental meetings (with detailed minutes) are held monthly in order to improve department functioning and in keeping with accreditation standards.

RADIATION ONCOLOGY

During this period, Doctor Wong and I struggled on with reduced staff and inability to attend all the Tumour Clinic Conferences that we would like. By the end of 1978 we obtained the services of Dr. L.A. Garcia-Nicoletti from the London Hospital in England and he has been a tremendous boost to the quantity of work done by this department towards the end of the fiscal period.

The Physics and Technical staff have done an excellent job in maintaining the high standard.

No new equipment has been received, but permission has been granted and on order are a 250 kV unit and Superficial therapy treatment machines, and a treatment planning computer which will make the work much simpler and more accurate.

By kind donation from the Order of the Eastern Star, the patients' waiting room was refurbished and it is really quite attractive and helps the general morale of patients and staff.

Some interesting statistics through this department might be of interest, giving the number of new cases seen in a one-year period.

	1968	1978
Carcinoma of the Cervix, Stages I and II	2	35
Carcimona of the Cervix, Stages III and IV	15	19
Carcinoma of Prostate	8	28
Hodgkin's Disease	7	16
Carcinoma of Lung	77	133

These figures give both our view of the change in the incidence of disease in Nova Scotia and also a change in our referral pattern.

SOCIAL SERVICE DEPARTMENT

Patient Care

Patient care and associated service-related activity is the primary function of this Department. This is done in conjunction with the other members of the health care staff.

Requests for delivery of social services continue to increase. The growth factor is now 11.9 per cent biannually. We continue to function with the pre-1976 staff establishment. This produces work stress for staff as they attempt to provide quality service for patients, as well as deal with the quantity of patient evaluations requested by house staff, the interviewing and counselling required by patients, and implementing appropriate management plans as a component of the patient's treatment in hospital, as well as convalescence and/or discharge plans.

Social Service delivery to surgery patients has become more effective and more integrated with care provided by other health care team staff, since the staff providing these services were decentralized to the surgery patient care area.

Total Units of Service to Patients	34,785

Medical-Surgical Problems Treated

Convalescent and/or Discharge Planning	3,012
Social - Family - Economic	3,397
Adjustment to Illness	1,842
Other, Related to Illness	1,922
	10,173

Education

This is a continuous program providing seminars and "On Nursing Unit," new nursing staff orientation, consultation related to patient management, social and emotional components of illness, information concerning social/health/community and outreach resources in the Atlantic Region. Nursing staff have been able to integrate the pertinent material into nursing care plans. Many of these programs have involved internes and residents and medical staff. This is particularly true of the Rheumatology Unit.

Patient education continues in various areas of the hospital, either individually or with groups of patients who share a chronic illness or disability.

The Department has an ongoing continuing education program for the social workers and technicians. This is focused on areas of specific social work skill, or areas of knowledge. The program itself is tailored to the expressed needs and/or concerns of our staff.

Quality Assurance

This year, we developed the initial phase of a quality assurance program. This includes a new coded data reporting system designed to measure the quality and quantity of services delivered by staff. This system is adaptable to hand tally or computerized methods of data retrieval. Our system is patterned on the design approved by the American Hospital Association. It was designed for AMA by a Committee of Hospital

Social Service Directors and is moving into use in American and Canadian Hospital Social Service Departments. Ours became operative April 1, 1979.

When completed, we will have the means to assess effectiveness of service, to develop valid long- and short-range goals, and to provide a measure of accountability to hospital administration, patients, the social work profession and others not hitherto possible.

STERILE SUPPLY SERVICE

The department is open for service 24 hours a day, the staff working in three eight-hour shifts.

Mr. J.F. Hiscock, Chief Orthopaedic Attendant, retired because of age in January, after 12 years of dedicated service to the hospital.

Mrs. Margaret Muise, R.N., Supervisor, attended the American Sterilizer Company five-day Educational Seminar for Central Service and Operating Room Supervisors, held in Erie, Pennsylvania, in May, 1978.

Miss C. Young, R.N., Supervisor, attended a four-day Supervisory Workshop at Nova Scotia Technical College.

Various other workshops, which were conducted by the Continuing Education Department, were attended by staff during the year.

Orientation tours for some 345 staff members, averaging 45 minutes per tour, were conducted throughout the year. Pharmacy internes, student dietitians and X-ray technicians were also given conducted tours.

Twenty-five new staff members (including eight Summer Supply) were given orientation and "on the job" training.

The Canadian Standards Association for Ethylene Oxide Gas Sterilization were adopted by Administration.

The Canadian Standards Association Standards for "Effective Sterilization in Hospitals by the Steam Process," have been studied and most of their recommendations already put into effect in this department. It is expected that these standards will be approved and recommended for acceptance in hospitals throughout the province this year.

The statistical report and itemized account of all supplies processed and issued from Sterile Supply Service is available upon request.

This statistical report of totals issued from Sterile Supply Service is as follows:

Total number of treatment trays and packages processed and issued		355,643
Total number of bottles of solution processed and issued		177,725
Total number of O.R. linen, drapes and bundles		1,205,549
Total number of steam loads	15,175	
Total number of ETO gas loads	527	
Total number of aerator loads	543	
Total number of telephone calls for service		41,148
Average number of telephone calls per day		113

DEPARTMENT OF SURGERY

As in preceding years, the Department of Surgery has continued its program of clinical care, undergraduate and postgraduate teaching associated with clinical research and laboratory research. Research is becoming one of the primary priorities of the university department of surgery, and it is hoped and expected that the Victoria General Hospital will take a permanent part in this effort.

As always, we continue to have long waiting lists for admission of patients, some who may be classed as relatively urgent. In an effort to improve this, all the patients of each of the services concerned are being re-located to two or three specific areas in the hospital instead of the present situation where sometimes one service may have patients in as many as eight to eleven locations. It is expected that this new geographic allocation of beds will be completed early in the new year.

During the year, considerable concern was expressed with regard to the probability that house staff coverage of patients in the cardiovascular surgical service may be reduced. Efforts are being made to assure that this very critical area of patient care will have appropriate and satisfactory clinical care.

The operating room floors are functioning well, but as previously, at times there are problems with adequate operating room space or time. The total number of operations remains about the same as it has been in

past years, but at times, with more flexibility, it was felt that further procedures could be carried out.

The Department of Surgery has continued to take its place in active clinical care, in the continuing education program of the Department of Surgery of Dalhousie, and in clinical research.

During the latter part of the year, considerable time was involved in planning for the projected new ambulatory care centre of the Victoria General Hospital. It is hopeful this will include adequate and appropriate office space for our present outpatient clinics and other office activities, outpatient surgery requiring local and|or general anesthesia, adequate space for endoscopic procedures, and, hopefully, appropriate areas for statistical review and ongoing and prospective surgical research.

A. Clinical Services

The clinical services of the Department of Surgery continued to receive problem patients from all parts of Nova Scotia and the other Maritime Provinces. Some of these patients have unusual types of malignancies, uncommon or unusual surgical infections or other problem complications. Other types of admissions are to have procedures carried out that are primarily available in this hospital. Such procedures would be those by the cardiovascular surgical unit, the orthopedic section, and the plastic surgery and rehabilitation section, in addition to the general surgical services. I believe this attests to the ability of our staff to carry out difficult and complicated procedures. In addition to this, a number of our services are carrying out ongoing research projects, involving newer uses of chemotherapeutic drugs, and related programs.

During the year, several reviews of clinical activities were carried out, resulting in the indication that in all respects our rates of infection, complications, accuracy of diagnosis, and patient stay were all very commendable.

B. Teaching and Education

Again, our teaching has remained at a high level. The Victoria General Hospital is one of the major teaching hospitals of our department, and again our students have done well in National Board Examinations for undergraduates, and also in the Royal Colleges Examinations for postgraduate students or residents.

Continuing Medical Education

This has continued, as in past years, by members of our staff visiting other centres in Nova Scotia and the Maritimes to carry out, sometimes, day-long discussion programs and presentation of cases or discussion of newer procedures.

Research

Staff members had a number of publications accepted, in addition to presenting many papers at formal lectures at teaching conferences.

C. Administration

Members of the Victoria General Hospital department of surgery continue to be active in hospital committees, Dalhousie University committees, and national and international committees.

D. Staff Personnel

During 1978, Dr. Wilbert Henderson was appointed as a Teaching Fellow. Dr. Henderson finished his surgical training in this centre, then took additional training in diseases of the colon in St. Mark's Hospital, in England. With the exception of this appointment, there were no resignations from the department during the year.

Summary

Each year continues to show progress in every branch or section of the department of surgery. Clinical activities were carried out with increasing numbers of patients, it seems, on every service. The number of open heart operations done each year continues to increase, with a total of 360 being carried out this year. This would make this one of the more active cardiac surgical centers in Canada. The general surgical services continued to be most active in the treatment of complicated and acute surgical lesions, with, it seems, a larger and larger proportion of patients with malignancy of various types being treated in this hospital. During the year a most important research project was carried out by Dr. J.F. Ross and Dr. Anne Tweed of the resident staff, in an investigation of the causes of death of burned patients. Following a catastrophe at one of the mines in Cape Breton, a number of burned patients were admitted to our unit. Of these patients, the majority recovered and there were no

unexpected or preventable deaths. In Orthopedics, a great deal of activity was involved in a relatively new specialty, that of Sports Medicine, stimulated by Dr. W.D. Stanish. This has involved a number of publications, and a number of restrospective and prospective research studies. In all, we continue to carry out our activities with enviably good record in morbidity and mortality statistics.

V.O.N. LIAISON PROGRAM

During the year there were 1,179 patients referred to the program and 109 clinic cases followed up. In addition, there were a total of 3,348 interviews and cases reviewed.

The staff attended regular paramedical rounds in the Medical and Surgical units pertaining to discharge planning.

We continued providing orientation programs for the School of Nursing students, Nursing Service staff, as well as attending the Halifax Branch office monthly meetings.

VOLUNTEER SERVICES

Increased needs this year were especially evident in our ongoing program of one-to-one visiting of our out-of-town patients, plus extra time where patients are long care. We added new volunteers to cover this service. Special requests from these patients enveloped many aspects of our other services, e.g., personal shopping, providing diversional activities, talking books, braille magazines, foreign publications, tutoring, in addition to the volunteers taking time to visit, talk with, or write letters, etc., for them.

Additional volunteer service was provided upon request from Physiotherapy to help at pool time, with patients needing extra care. A number of Dalhousie students staffed this area for us.

Yearly, we receive thanks from guidance counselors for our participation in the work|study program of the Halifax|Dartmouth high schools. These students gain insight into our hospital facilities while giving 10 weeks, or more, time in areas where volunteers can be helpful - especially in the Central Escort Department, where our mutual co-operation, department to department, is most appreciated.

Active participation throughout the year with volunteer directors in other Health Care Centres by the Supervisor is an ongoing reciprocal help in keeping abreast of changes in the province and immediate area. This year, a formal association was established under the name "Halifax-Dartmouth Association of Volunteer Directors of Health Care Facilities." All hospital care institutions and government offices were advised of this Association.

In addition to all Patient Solaria within the hospital, I.C.U., Tumor Clinic, and Emergency waiting rooms were given extra attention and will be added to our list of check points to keep comfortable for patients and family visitors.

We are fortunate to have added several new sources for magazines and books for distribution to clinic and other areas throughout the hospital.

Requests for clothing for patients being discharged have seen an upsurge. Consequently, this department, with the co-operation of many donations from groups in the city, now keeps a supply of items readily accessible to fulfill this need. Requests for clothing are usually communicated to us from Social Service or staff nurses on the various floors and Emergency.

The airway communication service offered patients through the Armdale-Fairview-Rockingham Lions Club continues to serve the patients wishing this volunteer help. We are grateful to these operators for always being available.

The Hospice Service continues under our department and, although not a large force, it certainly is a needed service and well received by patients and family. New training programs are scheduled for the near future.

Several reunions of past students of the hospital, medical students from out-of-town universities, high school and business students were accommodated by tours arranged by Volunteer Service. The friendly co-operation of departments participating is most appreciated and a factor in helping students decide on careers within a hospital setting.

As in past years our established services continue as follows:

Patient Care

Help in feeding patients on Neurosurgery and ENT. Ongoing care escorts for patients on outpatient services.

Patient Services

Shopping, banking, tutoring, interpreters, specialized friendly visiting on one-to-one basis. Diversional activities, recreational activities and patient feeding.

Assistance In

Accompanying patients to airport and bus terminals, train stations, as well as to Brace Centre, Optometrists, etc. Porter escort service, outpatient clinics, special projects and clerical aid with Inservice, continued involvement with the Halifax|Dartmouth work|study program.

ANALYSIS OF HOSPITAL SERVICES
April 1|78 - March 31|79

Service	Male	Female	Total	Total Deaths*	Death Rate	No. of Autopsies	Autopsy Rate	Patients Receiving Consults	Consult. Rate	Total Days	Avg. Days Stay
Medicine	2792	2366	5158	373	6.7%	123	38.1%	1836	35.6%	79055	15.3
Radiotherapy	1	6	7	0	-	0	-	4	57.1%	101	8.2
Psychiatry	112	238	350	0	-	0	-	127	36.3%	10136	29.0
General Surgery	35	43	78	2	2.6%	0	-	25	32.1%	1138	14.6
Surgery A-D Incl. Cardiovascular	1821	2113	3934	185	4.7%	52	28.1%	1056	26.8%	53687	13.6
Surgery	596	361	957	47	4.9%	11	23.4%	207	21.6%	15524	16.2
Orthopedics	945	829	1774	19	1.1%	4	21.1%	316	17.8%	25681	14.5
Plastic Surgery	439	327	766	9	1.2%	6	66.7%	120	15.7%	10141	13.2
Urology	1127	341	1468	30	2.1%	7	23.3%	398	27.1%	18035	12.3
Neurosurgery	508	355	863	60	7.0%	28	46.7%	337	39.1%	16294	18.9
Oral Surgery	88	117	205	0	-	0	-	26	12.7%	836	4.1
Otorhinolaryngology	352	290	642	10	1.6%	4	40.0%	142	22.1%	4607	7.2
Ophthalmology	189	188	377	0	-	0	-	109	28.9%	3044	8.1
Gynecology	0	2094	2094	14	.7%	3	21.4%	320	15.3%	14803	7.1
Newborn	0	0	0	0	-	0	-	0	-	0	-
Grand Total	9005	9668	18673	749	4.0%	240	34.2%	5023	26.9%	253082	13.6

* Of these 749 Deaths, 93 Deaths were under 2 Days stay in Hospital.

Prepared by: Medical Records Department
Source: P.A.S. Semi-annual and Monthly 1978 Discharge Analysis A Report and Monthly 1979 Activity Report - Summary by Hospital Service
Date: July 25, 1979